



Single State Registration System (SSRS)

Application Packet

EXEMPT MOTOR CARRIERS

SSRS Section MS #G875
P.O. Box 932370
Sacramento, California 94232-3700

SINGLE STATE REGISTRATION SYSTEM (SSRS)

EXEMPT MOTOR CARRIER PROGRAM

WHO IS REQUIRED TO FILE FOR SSRS EXEMPT REGISTRATION?

The **only** motor carriers that must file for SSRS Exempt are those that meet the following criteria:

- You are an interstate and foreign for-hire or private motor carrier of property
and
 - You are exempt from federal registration by the Federal Motor Carrier Safety Administration (FMCSA) by virtue of the exclusive transportation of federally exempt commodities or driveaway operations,
and
 - You travel in California,
and
 - You are not registered in the California MCP or SSRS program in any SSRS participant state.
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REGISTRATION PERIOD

Exempt motor carrier registration is valid for the calendar year and must be renewed annually between August 1 and December 31. Although there is not a penalty for late filing, unregistered carriers may be cited or detained at inspection facilities for failure to show proof of annual registration beginning January 1. To insure receipt of your annual registration prior to January 1, please submit your renewal application no later than November 30.

FILING REQUIREMENTS

A. Original (first time) Filing:

- Attached Form A1, Uniform Application for Registration of Interstate Motor Carrier Operations Exempt from Regulation by the FMCSA, completed in full.
- Attached Form B1, Uniform Application for Registration and Identification of Vehicles or Driveaway Operations Exempt from Regulation by the FMCSA.

Original (first time) Filing (Continued)

- Either you **or** your insurance provider must submit proof of liability insurance, Form E.

- If you do not receive your Single State Registration System (SSRS) permit within 60 days of submitting your application, please call an SSRS service representative at (916) 657-6636.
- Fees as follows:
 - \$25.00 Filing Fee.
 - \$5.00 x the number of vehicles reported on Form B1*.

Note: The \$5.00 per vehicle fee is waived if your physical principal place of business address is located in one of the following jurisdictions: IDAHO, ILLINOIS, INDIANA, MASSACHUSETTS, MICHIGAN, MINNESOTA, NEBRASKA, NEW JERSEY, NORTH CAROLINA, SOUTH DAKOTA, or TEXAS.

B. Renewal Filing

- Attached Form B1, Uniform Application for Registration and Identification of Vehicles or Driveaway Operations Exempt from Regulation by the FMSCA.
- Fees as follows:
 - \$5.00 x the number of vehicles report on Form B1*.

Note: The \$5.00 per vehicle fee is waived if your physical principal place of business address is located in one of the following jurisdictions: IDAHO, ILLINOIS, INDIANA, MASSACHUSETTS, MICHIGAN, MINNESOTA, NEBRASKA, NEW JERSEY, NORTH CAROLINA, SOUTH DAKOTA, or TEXAS.

A copy of the registration receipt issued for your Exempt Motor Carrier filing must be carried in each of the vehicles registered in your fleet.

HOW TO FILE YOUR APPLICATION

Submit your application and fees by mail to the following address:

Department of Motor Vehicles
SSRS Section, MS #G875
P. O. Box 932370
Sacramento, CA 94232-3700

Questions regarding the Exempt Motor Carrier Registration Program may be directed to our office during our normal business hours of Monday, Tuesday, Thursday, and Friday 8:00 a.m. to 5:00 p.m., Wednesday 8:00 a.m. to 9:00 a.m. and 10:00 a.m. to 5:00 p.m.



Form A1

**UNIFORM APPLICATION FOR REGISTRATION OF INTERSTATE
MOTOR CARRIER OPERATIONS EXEMPT FROM REGULATION BY THE
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)**

TO: California Department of Motor Vehicles, SSRS Section, MS G875, P. O. Box 932370, Sacramento, CA 94232-3700
(916) 657-6636

APPLICATION

| | | |
|--|---|-----------|
| APPLICANT | CALIFORNIA EXEMPT ACCOUNT NUMBER/ICC NUMBER | DATE |
| TELEPHONE NUMBER | FAX NUMBER | |
| PRINCIPAL PLACE OF BUSINESS ADDRESS: (STREET) | CITY | STATE ZIP |
| MAILING ADDRESS, IF DIFFERENT THAN ABOVE: (STREET) | CITY | STATE ZIP |

TYPE OF REGISTRATION

- ☐ **New Carrier Registration** - The motor carrier has not previously registered.
☐ **Annual Registration** - The motor carrier is renewing its annual registration.
☐ **Supplemental Registration** - The motor carrier is adding additional vehicles or states of travel **after** its annual registration.
Show type below:

☐ **New States of Travel** ☐ **Vehicles to Existing States of Travel** ☐ **States and Vehicles**

The vehicle or vehicles which the applicant intends to operate or driveaway operations which it intends to conduct, within the borders of the State, are exempt from regulation by the FMCSA, pursuant to the authority checked below:

- | | |
|---|--|
| <input type="checkbox"/> Sec. 13503 (Terminal Area Exemption) | <input type="checkbox"/> Sec. 13506(a)(8) (Air Transport Exemption) |
| <input type="checkbox"/> Sec. 13505(a) (Primary Business Exemption) | <input type="checkbox"/> Sec. 13506(a)(9) (National Park Exemption) |
| <input type="checkbox"/> Sec. 13505(b) (Compensated Intercompany Hauling) | <input type="checkbox"/> Sec. 13506(a)(10) (Commute Exemption) |
| <input type="checkbox"/> Sec. 13506(a)(1) (School Bus Exemption) | <input type="checkbox"/> Sec. 13506(a)(11) (Pallet Exemption) |
| <input type="checkbox"/> Sec. 13506(a)(2) (Taxicab Exemption) | <input type="checkbox"/> Sec. 13506(a)(12) (Decorative Rock Exemption) |
| <input type="checkbox"/> Sec. 13506(a)(3) (Hotel Exemption) | <input type="checkbox"/> Sec. 13506(a)(13) (Wood Chip Exemption) |
| <input type="checkbox"/> Sec. 13506(a)(4) (Farm Exemption) | <input type="checkbox"/> Sec. 13506(a)(14) (Crushed Glass Exemption) |
| <input type="checkbox"/> Sec. 13506(a)(5) (Farm Cooperative Exemption) | <input type="checkbox"/> Sec. 13506(b)(1) (Municipal Exemption) |
| <input type="checkbox"/> Sec. 13506(a)(6) (Commodities Exemption) | <input type="checkbox"/> Sec. 13506(b)(2) (Occasional Exemption) |
| <input type="checkbox"/> Sec. 13506(a)(7) (Newspaper Exemption) | <input type="checkbox"/> Sec. 13506(b)(3) (Emergency Tow Exemption) |
| | <input type="checkbox"/> Sec. _____ (Specify Other Exemption) |

Type of Carrier: ☐ Property ☐ Passenger ☐ Common ☐ Contract ☐ Household Goods

TYPE OF MOTOR CARRIER

IF INDIVIDUAL, GIVE NAME AND ADDRESS:

IF PARTNERSHIP, GIVE NAMES AND ADDRESSES OF PARTNERS:

IF CORPORATION, GIVE STATE IN WHICH INCORPORATED:

NAME OF PRESIDENT

NAME OF SECRETARY

PROCESS AGENT FOR STATE OF CALIFORNIA: (NAME)

STREET

CITY

STATE

ZIP

California

CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct.

SIGNATURE

TITLE



Form B-1
UNIFORM APPLICATION FOR

REGISTRATION AND IDENTIFICATION OF VEHICLES OR
DRIVEAWAY OPERATIONS EXEMPT FROM REGULATION
BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)

TO: California Department of Motor Vehicles
SSRS Section, MS G875
P. O. Box 932370
Sacramento, CA 94232-3700
(916) 657-6636

☐ Check if information entered reflects any changes or corrections.

MOTOR CARRIER IDENTIFICATION NUMBERS

| | |
|----------------------|----------------------|
| DATE | EX # |
| CA # (IF APPLICABLE) | MC # (IF APPLICABLE) |

APPLICATION

APPLICANT

| | | | | | |
|---------------------------|-------|-----|-----------------|-------|-----|
| STREET (PHYSICAL ADDRESS) | | | MAILING ADDRESS | | |
| CITY | STATE | ZIP | CITY | STATE | ZIP |

TYPE OF REGISTRATION

The above-described applicant hereby applies for the assignment of an identification number (as elected by the laws of the State), for the registration and identification of the vehicle or vehicles which the applicant intends to operate, or driveaway operations which it intends to conduct, within the borders of the State during the period ending at twelve midnight on January 31, 20 _____, for which such identification number is effective. The operation of such vehicle or vehicles, or the conduct of such driveaway operations shall be in accordance with the laws of the State. The number of vehicles to be operated is _____.

The vehicle or vehicles which the applicant intends to operate or driveaway operations which it intends to conduct, within the borders of the State, are exempt from regulation by the FMCSA, pursuant to the authority checked below:

- | | |
|---|--|
| <input type="checkbox"/> Sec. 13503 (Terminal Area Exemption) | <input type="checkbox"/> Sec. 13506(a)(8) (Air Transport Exemption) |
| <input type="checkbox"/> Sec. 13505(a) (Primary Business Exemption) | <input type="checkbox"/> Sec. 13506(a)(9) (National Park Exemption) |
| <input type="checkbox"/> Sec. 13505(b) (Compensated Intercompany Hauling) | <input type="checkbox"/> Sec. 13506(a)(10) (Commute Exemption) |
| <input type="checkbox"/> Sec. 13506(a)(1) (School Bus Exemption) | <input type="checkbox"/> Sec. 13506(a)(11) (Pallet Exemption) |
| <input type="checkbox"/> Sec. 13506(a)(2) (Taxicab Exemption) | <input type="checkbox"/> Sec. 13506(a)(12) (Decorative Rock Exemption) |
| <input type="checkbox"/> Sec. 13506(a)(3) (Hotel Exemption) | <input type="checkbox"/> Sec. 13506(a)(13) (Wood Chip Exemption) |
| <input type="checkbox"/> Sec. 13506(a)(4) (Farm Exemption) | <input type="checkbox"/> Sec. 13506(a)(14) (Crushed Glass Exemption) |
| <input type="checkbox"/> Sec. 13506(a)(5) (Farm Cooperative Exemption) | <input type="checkbox"/> Sec. 13506(b)(1) (Municipal Exemption) |
| <input type="checkbox"/> Sec. 13506(a)(6) (Commodities Exemption) | <input type="checkbox"/> Sec. 13506(b)(2) (Occasional Exemption) |
| <input type="checkbox"/> Sec. 13506(a)(7) (Newspaper Exemption) | <input type="checkbox"/> Sec. 13506(b)(3) (Emergency Tow Exemption) |
| | <input type="checkbox"/> Sec. _____ (Specify Other Exemption) |

The applicant shall not knowingly permit any other person or organization to use the identification number issued assigned to pursuant to this application.

CERTIFICATION

"I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct".

| | | |
|-----------|-------|--------------------------------|
| SIGNATURE | TITLE | AREA CODE AND TELEPHONE NUMBER |
|-----------|-------|--------------------------------|

